

STATE OF MAINE

MASSAGE THERAPY

APPLICATION FOR LICENSURE AS A MASSAGE THERAPIST



Department of Professional and Financial Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8613

Hearing Impaired – TTY: 1-888-577-6690

E-mail: Dawn.L.Teed@Maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine, 04345

Websites

Office of Licensing & Registration: www.maineprofessionalreg.org

Massage Therapy Program: <http://www.state.me.us/pfr/olr/categories/cat26.htm>

APPLICATION INSTRUCTIONS FOR LICENSURE AS A MASSAGE THERAPIST

Please read all the information carefully. If you have any questions, you can contact the Massage Therapy office at (207) 624-8613 or 624-8611. You may also contact the Massage Therapy office by email at: Dawn.L.Teed@Maine.gov or [Donna C. Sproul@Maine.gov](mailto:Donna.C.Sproul@Maine.gov)

PERTINENT LAWS AND RULES:

- If you are obtaining licensure materials through the mail, the appropriate application, laws and rules will be included in your application package.
- If you are obtaining licensure materials on-line, please download the application, laws, and rules pertaining to massage therapy at: <http://www.state.me.us/pfr/olr/categories/cat26.htm>

TO BE ELIGIBLE FOR A LICENSE IN MASSAGE THERAPY, APPLICANTS HAVE TWO (2) OPTIONS FOR LICENSURE:

OPTION 1: Applicants for a Massage Therapist license must submit the following:

- ⇒ A completed application;
- ⇒ Payment of a \$25 non-refundable application fee, a \$25 initial license fee, and a \$15 fee for a criminal records (SBI) check. (Total \$65.) Please make your check(s) payable to: "Maine State Treasurer."
- ⇒ A signed 5" X 3" photograph;
- ⇒ Documentation of a least a high school diploma or its equivalent;
- ⇒ A transcript demonstrating completion of a program consisting of a minimum of 500 supervised clock hours of classroom and clinical instruction. The program curriculum must include the following:
 - Human Anatomy, Physiology, and Pathology (120 hours minimum);
 - Massage Therapy Theory, Technique, and Practice which includes, but is not limited to the following: Gliding Strokes; Kneading; Direct Pressure, Deep Friction; Superficial Warming Techniques; Percussion; Compression (pumping); Vibration; Jostling; Shaking; and Rocking;
 - Contraindications, benefits, universal precautions, body mechanics, business, history, ethics, and legalities of massage and professional standards regarding draping and modesty; and
 - A minimum of 100 hours of supervised hands-on practice.

Note: Candidates for licensure who have graduated from a school whose program has not been pre-approved must complete and submit the Core Curriculum Requirement Form.

- ⇒ Documentation of a current CPR course;
- ⇒ Documentation of a current First Aid course; and
- ⇒ A completed criminal history records check (SBI) form.

OPTION 2: Applicants for a Massage Therapist license must submit the following:

- ⇒ A completed application;
- ⇒ Payment of a \$25 non-refundable application fee, a \$25 initial license fee, and a \$15 fee for a criminal records (SBI) check. (Total \$65.) Please make your check(s) payable to: "Maine State Treasurer."
- ⇒ A signed 5" X 3" photograph;
- ⇒ Documentation of at least a high school diploma or its equivalent;
- ⇒ Documentation of passage of the National Certification Examination for Therapeutic Massage and Bodywork;
- ⇒ Documentation of a current CPR course;
- ⇒ Documentation of a current First Aid course; and
- ⇒ A completed criminal history records check (SBI) form.

NOTE:

All incomplete applications will be returned with a letter stating what the application is lacking for completeness.

Please send completed application and supporting documentation to:

Department of Professional and Financial Regulation
Office of Licensing and Registration
MASSAGE THERAPY
35 State House Station
Augusta, ME 04333-0035

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION

Massage Therapy
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

Tel. (207) 624-8613

ANNE L. HEAD
DIRECTOR

Hearing-Impaired: TTY-1-888-577-6690

APPLICATION FOR LICENSURE AS A MASSAGE THERAPIST

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

Name:			
Mailing Address - Street:			
City:	County:	State:	Zip Code:
E-mail address (if available):			
Telephone Number:	Social Security Number:	Date of Birth: ____/____/____	
Legal Address (if different):			
City:	County:	State:	Zip Code:

1. Please answer the following questions:

Have you ever been convicted of a crime? ☐ Yes* ☐ No

*If you answered "Yes," then please submit a copy of the court judgment(s), as well as a letter explaining the circumstances surrounding your conviction(s).

Has any jurisdiction taken disciplinary action against any professional / occupational license or registration you hold or have held, or denied your application for licensure or registration? ☐ Yes* ☐ No

*If you answered "Yes," then please list, on a separate sheet of paper, the date(s) of suspension or revocation, the type of license, registration, or certification involved, and the state(s) in which the sanction(s) occurred.

States in which currently and/or previously licensed/registered: _____

Massage Therapist Application

2. Please refer to the application instructions for appropriate fees.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license / registration issued by the Department. I further authorized all law enforcement agencies and officials to release to the Department any and all criminal history record information pertaining to me.

Signature of Applicant _____ Date _____

Printed Name _____



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Massage Therapy
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

TO: APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history record check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Office of Licensing & Registration with your completed application and supporting documentation, as may be necessary.

You must provide payment in the amount of \$15, to the "Maine State Treasurer" for your criminal history record check, in addition to the licensing fees presently required. Please note that the criminal history record will be returned to this office, and not to the applicant.

Clerk:

Dawn Teed
(207) 624-8613



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OFFICE PHONE: (207)624-8613

FAX: (207)624-8637

Hearing-Impaired:
TTY-1-888-577-6690

OFFICES LOCATED AT: 122 NORTHERN AVENUE
GARDINER, MAINE

FAX: (207)624-8637



JOHN ELIAS BALDACCI
GOVERNOR

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ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and submit it with your application. Payment through credit cards will not be processed without this authorization form.

Name (of applicant for whom fees are being paid):		
Mailing Address (of applicant for whom fees are being paid):		
City:	State:	Zip Code:
County:		Telephone #: () -
Name of cardholder (if other than that of applicant):		
Mailing Address (if other than that of applicant):		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ **Visa** ☐ **MasterCard** _____

Card number

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____



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